

**WISCONSIN MEDICAID
RURAL HEALTH CLINIC SETTLEMENT DETERMINATION**

PART A — TOTAL COST OF RURAL HEALTH CLINIC SERVICESThis part is to be completed by Provider-Based RHCs only. **Independent RHCs: Begin at Part B.**

1.	Cost of covered services excluding overhead (insert amount from Trial Balance of Expenses Worksheet, Column 7, Line 22)	
2.	Costs other than RHC services (insert amount from Trial Balance of Expenses Worksheet, Column 7, Line 47)	
3.	Nonreimbursable RHC costs excluding overhead (insert amount from Trial Balance of Expenses Worksheet, Column 7, Line 52)	
4.	Costs of all services excluding overhead (Sum of Lines 1, 2, and 3)	
5.	Ratio of costs other than RHC services and nonreimbursable RHC costs to costs of all services excluding overhead (sum of Line 2 and Line 3, divided by Line 4)	
6.	Total overhead (insert amount from Trial Balance of Expenses Worksheet, Column 7, Line 40)	
7.	Overhead applicable to services other than RHC services (Line 5 multiplied by Line 6)	
8.	Overhead applicable to RHC services (Line 6 less Line 7)	
9.	Total cost of RHC services (Sum of Line 1 and Line 8)	
10.	Total RHC encounters (refer to clinic records)	
11.	RHC rate per encounter (Line 9 divided by Line 10)	

PART B — MEDICAID ENCOUNTER RATE DETERMINATION (Independent RHCs: Begin here)

	Prior to Jan 1	On or after Jan 1	Total
1.	Reporting period		
2.	Federal maximum payment rate per encounter (refer to the Centers for Medicare and Medicaid (CMS), formerly HCFA, regulations for current maximum rate) (Provider-Based RHCs <i>only</i> Independent RHCs, move to Line 3)		
3.	Medicaid encounter rate for period Provider-Based RHCs in hospitals with fewer than 50 beds: insert amount from Part A, Line 11 Provider-Based RHCs in hospitals with 50 or more beds: insert amount from Line 2 (federal maximum payment rate per encounter) Independent RHCs: insert amount from Medicare cost report, HCFA Form 222-92, Worksheet C, Part II, Line 10		
4.	Health Personnel Shortage Area (HPSA) bonus percentage		
5.	HPSA bonus per encounter (Line 3 multiplied by Line 4)		
6.	Portion of reporting period to which rate applies, e.g., prior to Jan 1 = 75%, on or after Jan 1 = 25%		
7.	Encounter rate multiplied by portion of reporting period to which rate applies (sum of Lines 3 and 5 multiplied by Line 6)		
8.	Medicaid rate per encounter (sum of Line 7, Columns 1 and 2)		

PART C — MEDICAID-ONLY ENCOUNTER REIMBURSEMENT

1.	Medicaid rate per encounter (insert amount from Part B, Line 8, above)							
2.	Medicaid encounters submitted to Wisconsin Medicaid (refer to clinic records)							
3.	Medicaid encounters submitted to Medicaid HMOs (refer to clinic records)							
4.	Total Medicaid-only encounters (sum of Lines 2 and 3)							
5.	Maximum reimbursement for Medicaid-only encounters (Line 1 multiplied by Line 4)							
6.	Less: <table border="1" style="display: inline-table; vertical-align: top;"> <tr> <td>a)</td><td>Fee-for-service payments received from Wisconsin Medicaid for Medicaid-only encounters (refer to clinic records)</td><td></td></tr> <tr> <td>b)</td><td>Payments received from Medicaid HMOs for Medicaid-only encounters (refer to clinic records)</td><td></td></tr> </table>	a)	Fee-for-service payments received from Wisconsin Medicaid for Medicaid-only encounters (refer to clinic records)		b)	Payments received from Medicaid HMOs for Medicaid-only encounters (refer to clinic records)		
a)	Fee-for-service payments received from Wisconsin Medicaid for Medicaid-only encounters (refer to clinic records)							
b)	Payments received from Medicaid HMOs for Medicaid-only encounters (refer to clinic records)							
7.	Net reimbursement for Medicaid-only encounters (Line 5, less Lines 6a and 6b)							

PART D — MEDICARE / MEDICAID CROSSOVER ENCOUNTER REIMBURSEMENT

1.	Medicaid rate per encounter. (insert amount from Part B, Line 8, above)	
2.	Total Medicare / Medicaid crossover encounters submitted to Wisconsin Medicaid	
3.	Maximum reimbursement for Medicare / Medicaid crossover encounters (Line 1 multiplied by Line 2)	
4.	Total Medicare encounters (Provider-based RHCs: insert amount from Medicare cost report, HCFA Form 2552-96, Worksheet M-3, Line 10; Independent RHCs: insert amount from Medicare cost report HCFA Form 222-92, Worksheet C, Part I, Line 11)	
5.	Ratio of Medicare / Medicaid encounters to Medicare encounters (Line 2 divided by Line 4)	
6.	Medicare payments (Provider-based RHCs: insert amount from Medicare cost report, HCFA Form 2552-96, Worksheet M-3, Line 19; Independent RHCs: insert amount from Medicare cost report, HCFA Form 222-92, Worksheet C, Part II, Line 19)	
7. Less:	a) Total Medicare payments for Medicare / Medicaid crossover encounters (Line 5 multiplied by Line 6)	
	b) Total fee-for-service payments by Wisconsin Medicaid for Medicare / Medicaid crossover encounters	
8.	Net reimbursement for Medicare / Medicaid crossover encounters (Line 3, less Lines 7a and 7b)	

PART E — COMMERCIAL INSURANCE-PRIMARY / MEDICAID-SECONDARY ENCOUNTER REIMBURSEMENT

1.	Commercial-insurance-primary / Medicaid-secondary encounters submitted to Wisconsin Medicaid (refer to Provider Summary Report (PSR))	
2.	Commercial-insurance-primary / Medicaid-secondary encounters submitted to Medicaid HMOs (total of encounters from Insurance-Primary / Medicaid-Secondary Encounters Submitted to Medicaid HMOs Worksheet)	
3.	Allowable costs for all encounters reported on Line 1 (refer to PSR)	
4.	Allowable costs for all encounters reported on Line 2 (insert figure from Insurance-Primary / Medicaid-Secondary Encounters Submitted to Medicaid HMOs Worksheet, total of Column 9)	
5.	Total allowable costs (sum of Lines 3 and 4)	
6. Less:	a) Commercial insurance payments (refer to PSR for total of insurance-primary / Medicaid-secondary encounters submitted to Wisconsin Medicaid, and add this amount to the total of Column 10 and from Insurance-Primary / Medicaid-Secondary Encounters Submitted to Medicaid HMOs Worksheet, total of Column 10)	
	b) Fee-for-service payments by Wisconsin Medicaid for commercial insurance-primary / Medicaid-secondary encounters (refer to PSR)	
	c) Payments by Medicaid HMOs for commercial insurance-primary / Medicaid-secondary encounters (insert amount from Insurance-Primary / Medicaid-Secondary Encounters Submitted to Medicaid HMOs Worksheet, total of Column 11)	
7.	Net reimbursement for commercial insurance-primary / Medicaid-secondary encounters (Line 5, less Lines 6a through 6c)	

PART F — COMMERCIAL INSURANCE-PRIMARY / MEDICARE / MEDICAID ENCOUNTER REIMBURSEMENT

1.	Total commercial insurance-primary / Medicare / Medicaid encounters submitted to Wisconsin Medicaid (refer to PSR for total commercial insurance-primary / Medicare / Medicaid encounters)	
2.	Total allowable costs for encounters reported on Line 1 (refer to PSR)	
3.	Ratio of commercial insurance-primary / Medicare / Medicaid encounters to Medicare encounters (Line 1 divided by Part D, Line 4))	
4. Less:	a) Commercial insurance payments	
	b) Fee-for-service payments by Wisconsin Medicaid for commercial insurance-primary / Medicare / Medicaid encounters (refer to PSR)	
	c) Total Medicare payments for commercial insurance-primary / Medicare / Medicaid encounters (Line 3 multiplied Part D, Line 6)	
5.	Net reimbursement for commercial insurance-primary / Medicare / Medicaid encounters (Line 2, less Lines 4a through 4c)	

PART G — SUMMARY RURAL HEALTH SETTLEMENT		
1. Amount entered on Part C, Line 7		
2. Amount entered on Part D, Line 8		
3. Amount entered on Part E, Line 7		
4. Amount entered on Part F, Line 5		
5. Less:	a) Total quarterly payments from Wisconsin Medicaid	
	b) Total copayments due from Medicaid recipients	
6. Balance due to (or from) Provider (sum of Lines 1 through 4, less Lines 5a and 5b)		